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December 1949

CHILD WELFARE

JOURNAL OF

THE CHILD WELFARE LEAGUE OF AMERICA, INC.

VOLUME XXVIII • NUMBER 10

price 35 cents

CHILD WELFARE

JOURNAL OF THE CHILD WELFARE LEAGUE OF AMERICA, Inc.

Published Monthly except August and September, by the Child Welfare League of America

• HENRIETTA L. GORDON, Editor

ANNUAL SUBSCRIPTION \$3.00

SINGLE COPIES 35 CENTS

Child Welfare is a Forum for discussion in print of child welfare problems and the programs and skills needed to solve them. Endorsement does not necessarily go with the printing of opinions expressed over a signature.

CHECKS PAYABLE TO Child Welfare League of America, Inc.

24 West 40th Street, New York 18, N.Y.

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WIDENING HORIZONS FOR CHILDREN*

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IN looking to the future, it is important that we look at facts and plan in accord with what they teach us. This is the only way to build soundly for the years to come.

The first fact that we must face is that children, in the past fifty years, have been studied more carefully and more scientifically than at any other period in history and as a result more is known about them than ever before. These studies have been concerned with normal as well as abnormal or sick children, and all kinds of methods have been used. Children have been studied in hospitals, their own homes, nursery schools, camps, reform schools. They have been x-rayed, photographed, measured, interviewed. In some studies large groups of children have been followed for as many as 25 years. In others one age group has been the subject of intensive research. The result is that we know enough about *how* children grow and develop to begin to shape our health, education, and welfare programs and to be guided, as parents, in accord with this knowledge. Moreover we are gaining, though more slowly, more knowledge of the social and economic forces at work and their effects on the child's mental, physical, and psychological development.

Let us look at the implications of something as simple as the rate of development of the muscles in a baby's throat. Studies show that in the first few weeks of life the baby actually isn't able to roll solid food back with his tongue. Knowing this fact, his reactions are understandable. He spits out his cereal if we give it to him before he is physically ready to swallow it. This is a normal and logical way for a baby at this stage of development to behave. When this fact is recognized the baby is not fed solid foods until he is ready for them. The result is that a source of friction between mother and baby is removed and the baby usually eats happily and well what is good for him. So here is a pattern for child rearing based on a simple physiological fact.

Many other much more complicated facts about children have been discovered. Some lead directly to obvious changes which should be made in the way parents, physicians, teachers, or society treat chil-

dren. Many are more dramatic—such as saving lives through universal immunization or through the use of penicillin and the sulfa drugs, or changing conditions for children in institutions, where tender loving individual care is substituted for custodial care. And the full implications of much of our new knowledge are not yet clear.

Knowledge Still to be Applied

The second fact that we must face is that much of what we now know is not being put into practice. Let us look at only a few examples. From medicine the oft quoted figures of rejectees among young men in World War II indicate the extent of the neglect for correctable physical defects. Studies of health records in schools show that these defects were known to school and health authorities but little had been done about them. Again, other evidence indicates that the diet a mother eats during her pregnancy helps determine her own good health and the health of her baby, and yet we have made few systematic attempts to assure good diets for all pregnant women. Psychiatry has demonstrated the rehabilitation that can come to the mentally ill when early and proper care is given. Yet society has failed to provide such care. And as yet we have seen no *major* effort to prevent the development of personality difficulties through the widespread application of psychiatric principles in early childhood.

We have substantial evidence of the individualized care and treatment needed to help children in trouble. We have demonstrated over and over again that regimenting lives of disturbed children in large groups only adds to their troubles and in the end probably costs society more than individualized care in dollars and cents as well as in human welfare. We know that children in trouble need more than food, clothing, and a place to sleep. Yet you and I know how many children today live in shelters, institutions, and foster homes with little more than this.

Within the last three years, studies in New York City have indicated that even in well thought of or supposedly well run institutions children lived in a vacuum, sat listlessly hour after hour with little or nothing to do, had no place to keep their precious personal belongings, and even went without necessary medical care. Studies of random cases revealed

* Presented at Annual Dinner Meeting of the Child Welfare League of America, during National Conference of Social Work, Cleveland, June, 1949.

a shocking lack of good medical care. I remember one girl who had been in and out of a temporary shelter four times. Each time the initial physical examination revealed that her vision was so poor that she couldn't carry on properly without glasses. Yet no one had ever seen to it that glasses were secured. In another institution there was great concern because 25 per cent of the children admitted were thought by the doctor to be malnourished—but no effort was made by the same institution to provide special diets for children who are known to have special needs. And there was the institution which had 3 menus—the best for staff, next best for children, and the poorest for the unmarried pregnant women. So everywhere we see evidence of the lag, some failure of putting into practice what is known to be essential for the growth and development of children.

Benefits of Progress Not Universal

The third fact that we must face is that progress is being made much more rapidly in some parts of the country, and for some children, than in others. For example, in one state one baby in ten dies in the first year of life, in another, one baby in 30 dies. If all states did as good a job in saving infant lives as the best state does, nearly 22,000 babies who will die this year could be saved. Despite the increases in child welfare services—and these gains have been substantial—4 out of 5 counties in the United States do not have the full-time services of a child welfare worker. One half the workers giving full-time service are in eight states. And let us not forget that most of the nation's children live in the states with the lowest per capita income and the fewest services.

More than half the children in the country are supported by fewer than one sixth of all families—the families with three or more children. Family incomes bear little direct relation to the size of the family. The more children there are, the lower the total family income is likely to be. Close to 50 per cent of all city children in 1946 were in families whose incomes were less than \$2,750. You don't have to be told what a meager living \$2,750 will buy for a family of four in these days of high prices.

In general the economic situation of city children is even better than that of rural children. Yet, in 1946, one fourth of the nation's children lived on farms.

The American Academy of Pediatrics' Study* shows that a child's chances of survival depend

* American Academy of Pediatrics: Child Health Services and Pediatric Education. Report of the Committee for the Study of Child Health Services. New York: Commonwealth Fund, 1949, pp. 270.

largely on where he lives and the circumstances of his parents. Children in isolated areas receive one third less medical care than those in or near cities. Physicians' and dentists' visits and hospital beds reserved for children are three times as numerous in metropolitan as in isolated areas.

The next fact that we must face is the shortage of trained workers in all fields. We need doctors, social workers, teachers, nurses—and we need them desperately if children are to get what modern science has shown they need. In fact, perhaps the biggest and most immediate job facing all of us, both in private and public agencies, is to groom more workers. The shortage is tremendous, and for my part I do not think it will be overcome until we, as a people, assure educational opportunities to everyone who can make use of them, starting with primary and secondary schools, but going on to advanced education and training of professional workers.

The percentage increase in full-time child welfare caseworkers from July 30, 1946, to the same date in 1948 amounted to 25 per cent. Undoubtedly part of the explanation of this increase lies in the fact that federal child welfare services funds were used for educational leave for staff members. For example, in the fiscal year 1949, \$634,000 was budgeted for the professional education of approximately 600 staff members in the child welfare programs of all states except the District of Columbia and Alaska.

We have accomplished near miracles in all but banishing some diseases, but we know a great deal more about good care for children than we are putting into practice. Half a century ago, diphtheria killed 40 people for every 100,000 population; now it kills one. Infant mortality is only one third what it was 35 years ago.

Research in Child Welfare—An Unmet Need

The last fact to which I draw your attention is that we don't have all the answers about children's problems that we must have to do a thoroughly good job. We need a tremendously enlarged program of research in child growth and development. We need to explore in more scientific fashion the effect of moving children out of their own homes, and perhaps of how we could bring them what they need in their own homes. We need to know more exactly what breeds anxiety, delinquency and emotional unbalance. Only through more knowledge, coupled with more workers, can we hope to prevent more of our social as well as our physical ills. Certainly it is sobering to reflect that in 1947 the Federal Government spent, on all kinds of research, over \$625,000,000; only about 30 million of this went to health

research; and only a tiny fraction of that went for child health research. And we all know that we have only begun to explore the possibilities of research in the child welfare field.

There are other problems in which we know what we want to do but in which we have not found out how to do the job effectively. For example, in the schools we have a unique opportunity to reach all children at some stage in their development. At no other time do we have such a comprehensive opportunity for health education and preventive health services. This opportunity should be explored to the fullest so that the adult population can be brought to the best possible state of health. Yet we have had relatively little sound research in finding out how to do this job.

All of this means that we have a very large job ahead. We must find new ways to meet unsolved problems. It is clear that larger and larger amounts of money available for basic research would yield results. Every large industrial organization today knows that it not only saves but actually makes money by having a large research department. We, who are interested in broader programs for children, are confronted with the eternal problem of how to get the money to do what needs to be done. We often ask for more funds on the questionable theory that to put more and more money into the same old job is the only solution. But it is probable that a larger proportion of our money put into research would show us cheaper ways to accomplish the ends that we desire. It was expensive to make the first automobile and the early x-ray. Continued research discovered methods of producing automobiles and of taking x-rays at a cost the masses could afford.

Actually it is probably in this area of how to get things done that citizens' groups and voluntary agencies like this can be most useful. We in America apparently have a great genius for organizing and mobilizing our public and private resources to do a job when once we make up our minds to do it. I am so often reminded of the time when the late President Roosevelt announced that we must make 50,000 airplanes a year. Not an expert in the country believed it could be done, but it was. America's prominent position in the knowledge and development of atomic power, only a fraction of which is generally known today, has been achieved through the remarkably efficient way in which government and private enterprise have joined hands. Seeing this progress in the physical world I wish we could banish forever the isolationist spirit that seems to persist between some public and private agencies in the children's field. That attitude is as out of date, as unrealistic, and as misrepresentative of our democracy as was our pre-war attitude of national isolationism toward the rest of the world.

Just as it is unthinkable these days that this nation can pursue its way alone in the world, it should

be unthinkable both for private and for public agencies to continue to act as if either could get along without the other.

And let me add this. The opposite of an isolationist attitude is not just a polite nodding tolerance. There should be the closest possible collaboration between public and private agencies in accomplishing the jobs we want done for children. These jobs are too big, they require too many varieties of approaches and techniques, and they are too urgent, for either public or private agencies to do alone.

I am confident that such collaboration can be a fruitful thing. I saw it demonstrated at the National Health Assembly in Washington last May. What went on at that Assembly, where representatives of many shades of opinion and many allegiances met, has helped to clear the air of disagreement, and to increase the area of common agreement between the producers and consumers of medical care.

The four White House Conferences on Children, that have been held in this century, have also demonstrated the gains to be made from this team approach. These gatherings of public and private agencies, of professional workers and laymen, have not only given a great impetus to improving the quality of care given children by private practitioners; they have helped to bring about a united front in support of needed public services for children. I expect even greater gains may be made from the Midcentury White House Conference on Children and Youth, in 1950.

You may remember that about two years ago a widely read magazine carried an account of the well-known historian Toynbee's idea of history.* Professor Toynbee, you will remember, looks upon history as a series of reactions to different challenges. He points out that a civilization's ability to endure depends upon how it reacts to the problems that it is faced with. One of our greatest challenges today is: How can we bring to all children what we now know is good for them and what we can learn by further research? I am sure that you and I agree that what we do for them and how we do it is a matter of the most serious importance. Science has shown us clearly how much the health, character, personality, and future adaptability of the human adult is molded in early childhood. But how can we get enough people to agree with us so that we can really meet this challenge we see so clearly? Most of us are concerned about and do things for the children we know, but too often we are indifferent to the others. We say cheerily, "That's the parents' responsibility." But let us not forget what happens to *all* children is important to our children too. For these others, be they black, white, German, Russian, Chinese, Jewish, Mohammedan, or Christian, will grow into the adults with whom our children will live, work, wage peace or war, and build perhaps a United Nations. Do we have the courage to meet this challenge? Do we dare evade it?

*Toynbee, Arnold J.: *Encounters Between Civilizations*. Harpers, April, 1947, pp. 289-294.

INTAKE PRACTICES—

THE CORE OF THE AGENCY'S SERVICE IN HELPING CHILDREN AND THEIR PARENTS

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The title of this paper shows so clearly the new awareness of the role of the parent which is developing in the child care field, and which has been a long time on the way.

A very simple way to define intake would be to call it the process by which a child comes into the care of an agency. Not too many years ago such a definition would have expressed sufficiently completely our conception of what happened: the agency taking the child into care. Those were the days when a great deal was said about the "child-centered" agency, in which the child and his needs were the focus of attention and activity, to the exclusion, at least by implication, of his parents. We did not consciously admit that we excluded parents; in fact we were more likely to deplore their lack of interest in what happened to their children; their failure to visit; their willingness to let the agency take over so completely the parental responsibility they could not carry. But underlying this was a deeply rooted assumption that parents who needed agency care for their children were inadequate by reason of that very need, and that it was our responsibility and the responsibility of the agency to make up to the child for his parents' failure toward him.

Attitude Toward Parents of Placed Children

It is perfectly true that child-caring organizations and institutions came into existence and continue to exist because there have always been parents who could not, or who did not, give their children the care they needed. Many of the institutions established in the middle of the last century were, of course, for orphans but they soon came to be used also for the care of children of living parents. At that time, and to a certain extent up to the present, the community was likely to assume that there was something wrong with a living parent, and particularly with a mother, whose child had to be cared for by someone outside his own family.

It is well to remember that up to a generation or so ago there was in the community, along with this critical judgment upon parenthood, a great deal more cohesiveness in the family as an institution than there is now. Because our population was far less mobile than it has since become, and because women had not yet emerged so completely from the home, marriages were more likely to take place within the

familiar, established group. Because the tempo of living was slower, marriage did not take place in such a hurry either, and there was more time for preparation, at least in a material sense. Because the school and the activities group had not yet taken over so many of the functions essential to rearing children, children lived and experienced more of their developing life in relation to their families. The church exercised greater influence over more people, holding before them the ideal of the sanctity of the home and the responsibilities of parenthood. This more restricted and restrictive society, while it passed highly critical judgment upon the individual who failed in his parental responsibility, at the same time gave a kind of social support to its individual members in the carrying out of that responsibility, a support which we have had to sacrifice in the interests of greater individual freedom.

Effect of Agency Child-Centeredness

During these recent decades, in which the individual's freedom and his right to self-determination have come to have more and more importance, whatever the sociological reasons for this may be, there has developed an intense and profound interest in understanding the inner workings of the individual human being, his inner development from child to adult, the reasons for his capacity or failure to make full use of himself. In this age of tremendous advances in psychological knowledge, no profession has availed itself of this new understanding more eagerly or more fully than that of social work. In the field of child care, in the "child-centered" agency, we have used this increasing knowledge to learn more about children and the needs of childhood. We have learned, for example, of the significance of the biological tie between a child and his parents, of the fact that there is no substitute for that deep, original connection, established once for all at birth. So that we now know that whatever else we have to offer children, we cannot give them parents. What we can and do offer are foster parents, cottage parents, adoptive parents, with all the difference that these words imply.

We have further learned something of the nature and degree of the dependence of children upon adults, not only for the means of physical growth, or even what we call security—a stable situation in which to grow. We have learned that a child needs adults, or rather an adult, to carry for him that image of his personality which he is not yet ready to take into himself, and that this is as essential to his emotional development as are food and exercise to his physical growth. Therefore the loss of the parent, or of the person upon whom he has come to depend in this way, is more than loss of the means of life, or loss of love; it is truly the loss of himself, or a part of himself—the most threatening of all losses. Thus we have come to the realization that the deepest needs of the child lie in his relationship to his parents, those very parents whose “failure” has brought him to our doors.

This fact constitutes one of our major dilemmas in giving care to children. Our very awareness of the child's need of his parents, and of his dependence upon them, has made us equally aware and fearful of their enormous power, at least potentially, to damage him. It is very true that parents do have that power, and thus it is almost inevitable that in our interest in the child, and in our desire to provide for him what he must have in order to grow, our view of parents is often not a view of them as people, but only as potential dangers to their children because of their shortcomings. It is small wonder that with this view we have, consciously or unconsciously, tended to exclude parents rather than admitting them to their rightful place in their children's experience.

Nowhere is this dilemma more clearly seen than at intake. Whether it is the parent who, for his own reasons, asks us to care for his child, or whether it is the community which has judged the child to be neglected by his parents and has removed him from their care, we know, by reason of our knowledge about children, that there is in this situation much that is wrong for this child. While we talk, in the time-honored parlance of our profession, about “accepting the client where he is,” it is difficult really to accept in the parent that which has brought about this separation, and our acceptance is likely to be more of an effort to tolerate in him what we *cannot* accept. But to him, as to any of us, being tolerated is not the same as being accepted, and his response to the one is very different from his response to the other, as we painfully learn over and over again.

Actually we are setting ourselves an impossible task, if we assume that we must accept *all* the shortcomings of *all* parents. There are some things which cannot and should not be accepted by anyone who

has the interest of children genuinely at heart, even though we have an obligation to try to understand why they happen. What we can and must accept, however, is the fact that nothing we can do, no care that we can provide in place of parents, has the importance or the value to a child of what his own parents can or cannot do or provide for him. Once this becomes real to us we find ourselves wanting, for the sake of the child himself, to help the parent be the one to give as much as he can of what his child needs.

A Case Illustration

Perhaps what I have said will be more simply expressed by the example I have chosen of intake service to a parent. In order to limit its scope, this discussion is confined to intake for the care of children away from their own homes. The experience on which I have to draw is that of foster home care rather than institutional care. Many aspects of the intake situation will however be applicable to both kinds of service. The agency which I represent is a voluntary one, with no authority under the state statutes to initiate protective action on behalf of neglected children. Our board of directors, furthermore, has recently confirmed by a very definite policy the voluntary nature of our work, and our intake practice, based upon this policy, requires that a client himself request our services. One exception to this, however, is the care of neglected children in foster homes, in which we act as agent for the local department of welfare which has the authority to remove such children from their homes but is not licensed to place them. The agency is a merger of family service, foster care and child guidance, and workers' caseloads are differentiated on the basis of these three services. Intake for all services is, however, the responsibility of one worker, and the parent requesting placement sees this worker for as many interviews as are necessary, to make certain that he wants our foster care for his child and that we will be able to provide it. Once this is settled, he continues his planning with the worker who will be making the placement.

The mother in this case illustration is a person who herself experienced virtually no family or parental stability as a child, and whose career as a wife and mother began as a repetition of the only family life she knew. One would say that up to now she had failed herself and her child, in almost every way possible, and certainly the child is a vivid example of what such deprivation can do.

Mrs. Roberts' mother, who died when our client was 11 years old, had been so promiscuous that there was every reason to be uncertain about the paternity of her children. The man Mrs.

child, she asks us? What will happen if she can't get ready to take her fast enough? What if she can't be a good mother? What if Caroline can't be a good baby? All these fears and questionings might have seemed to indicate that Mrs. Roberts did not really want to have her child after all. We were willing to give her a chance to find out by offering her something tangible to work on: finances, clothing, medical history. It is significant that with all her fear, Mrs. Roberts did accept and use every opportunity she was given to decide and to act, even within the narrow limits of what the parole department could allow.

When she came in for her next appointment she had cleared everything. The town where she had settlement would pay three tenths of Caroline's expenses, and she would pay the rest out of her salary. She was to be allowed to use her savings for clothing. The medical blank had been sent to us. She signed the parents' agreement blank with great satisfaction, before she left to meet the worker who would place Caroline.

While the centralization of intake for all services is largely an administrative device, made necessary by the structure of our agency, we have found that in intake for foster care there is value in dividing the process between the intake worker and the worker who is to be responsible for the child. With the intake worker, the parent decides about foster care in relation to his own situation which makes this necessary. He learns the general framework within which the service is given; what kind of responsibility will be his and what the agency's; he makes his financial arrangements, and finally, his decision made and accepted, he contracts with us in writing to carry stipulated responsibilities and to delegate to us certain others in the care of his child. But the actuality of the step he has taken begins to be fully realized when, for the first time, he meets the person who will herself be meeting the child and becoming a part of his life, who will actually take him from the parent and be the person responsible for his well-being in the foster home. The worker's interest and the parent's will be joined in providing this experience for the child; it is the child, as it were, who brings them together.

Mrs. Roberts, in her first interview with the children's worker, reviewed very clearly the arrangements she had made for paying board and buying clothing. But when it came to discussing Caroline, she began to express how lost she felt. She did not know Caroline, had not seen her in the three months she had been on parole, because her time off was not enough to allow for the trip up to the State Farm and back. Anyway Caroline does not know her; all adults are alike to her. Mrs. Roberts thought the change to a foster home might be very hard for the child at first; she wished she could have done this long ago. As she timidly approached the

idea of Caroline being hers to plan for, she gained some courage from the worker's recognition of that fact, and from discussing the clothing the baby would need and whether or not she would do the buying. At first she thought she would have neither the time nor the knowledge of what to buy, but after she had participated in making out a list she did go shopping with the worker and made a good many of the choices, with both of them guessing at sizes and keeping within the amount allowed by the parole officer.

It was on the way back from this shopping expedition that Mrs. Roberts let herself express some resentment about her situation as a parolee. She wished the Parole Department hadn't arranged for her employer to write a check for Caroline's board. After all, Caroline is her child, and she would like to be able to pay over the money herself.

Mrs. Roberts was gradually coming more into possession of her parenthood. Now, although she still feared the authority under which she lived, she could begin to admit that she also minded it, when it came between herself and her child. Because of this, and because of the real fact that she had had very little actual contact with Caroline, we arranged to make an exception to our usual procedure on the day of placement.

Ordinarily, before a child is placed he has a chance to get acquainted with the worker, being brought to her office or to the playroom several times by his mother or the person responsible for him, so that when the worker takes him from the agency to the foster home she has become someone he knows in this connection. If he is old enough his mother has told him, at our request, about the foster home plan, and the worker begins with him by discussing what his mother has said, so that he knows this is something they are doing together for him. When the time for placement actually arrives, the child takes leave of his mother in the office and goes with the worker to the foster home, for we have found that the pain and difficulty of separation are only intensified to no good purpose when it takes place in the foster home and in the presence of the foster mother.

Between Mrs. Roberts and Caroline, however, there was already so much separation that the problem was to find a way for them to come together sufficiently so that Mrs. Roberts could have a part in placing her child. There was no way for the worker to see Caroline beforehand without a long and time-consuming trip, and since the baby's relation to adults was so slight as to be almost nonexistent there seemed little to be gained by going through with that.

It was arranged that on the day of placement Mrs. Roberts would get time off and take Caroline's new clothes up to the Farm, returning by train with the baby, in the company of the parole officer, this last being a requirement of the Farm.

(Continued on page 14)

Roberts knew as father, her mother's husband, was an alcoholic. The family was well known to the police in the little upstate town where they lived, and the children were accustomed to hearing people talk about their parents, and to being treated as outcasts by their schoolmates.

At 16, when the law allowed Mrs. Roberts to leave school, she did so, and at the same time left home, went to work in a factory, and supported herself. At the age of 19, she became pregnant by a sailor stationed in a nearby port. He married her in order to legitimize the coming child, immediately before being sent overseas. Returning unexpectedly on furlough a year later, he found his wife with another man, whom he then had arrested. Mrs. Roberts was subsequently found to be pregnant by this man, her case was reported to the State Police, and she was arrested, charged with lascivious carriage, and committed to the State Farm for Women. Her husband divorced her, receiving custody of their child, whom he took home to his parents in the middle west.

Mrs. Roberts gave birth to her second daughter, Caroline, at the State Farm. At the age of 21, therefore, this young woman was already the mother of two illegitimately conceived children and was serving a prison term.

Our knowledge of Mrs. Roberts came two years later, when the State Farm parole officer called on our intake worker to ask us to provide foster care for Caroline, then living in the Farm's nursery. Mrs. Roberts was out on parole, working as a domestic in Stamford, and because she was determined to bring up her child herself and not let her be committed to the State, the Parole Department had agreed to arrange this placement. Mrs. Roberts' brother and his wife were living in Stamford, and she planned to take Caroline and live with them after her discharge from parole. The parole officer described her as a model inmate, who was expected to make a good adjustment after her release. The town of Mrs. Roberts' settlement would probably pay at least part of the child's board if necessary.

In addition to the kind of life experience she had had up to the time of her commitment, Mrs. Roberts had now been living for two years in one of the most restrictive situations it is possible to impose upon a human being; namely, legal restraint, from which the individual has no recourse because he has brought it upon himself by his own act. Mrs. Roberts had neither rebelled nor questioned these restraints; she was described as co-operative, courteous and a good worker, and had apparently been entirely conforming since the beginning of her term. Yet when the time came to make a decision about the care of her child she showed an unexpected ability to act for herself; her decision to bring up her child herself was clear and definite.

Although the Parole Department had expected to carry out the placement and work with us themselves, no objection was made when our worker explained that we would want to deal directly with Caroline's mother. The parole officer agreed to tell Mrs. Roberts of her interview with us, and ask her to telephone for an appointment, which she did.

Though Mrs. Roberts was still under prison supervision, and Caroline was living in the prison nursery, she was still her mother's child, not only by birth but

by the law, which states that a mother has custody of her illegitimate child until such custody is taken from her by legal action. Since we accept children only from their parents, or from those legally acting as parents, our intake policy required that we deal directly with Mrs. Roberts. From what we knew of her, however, there was no way of telling how much responsibility for the child's care she could or would take. What we did have to count on was the fact that when she had had a chance to make a decision she had chosen to be Caroline's mother.

A Mother Takes Hold of Her Parental Responsibilities

In her first interview with the intake worker, Mrs. Roberts showed how mixed her feelings were about the step she was planning to take. Although she seemed to understand quite clearly the difference between the State agency and ours, her first direct question was about how she would go about taking Caroline from us when she was able to make a home for her. The fact that we required only two weeks' notice was a momentary relief, and she could talk of the living plans she had made, but the realization that all this lay in her own hands was still a little too much for her. It might take her a while, she thought, to get organized after her discharge; would she have to take the baby right away? She listened intently to the worker's explanation that our service was intended to be a way of helping her provide the kind of care she wanted for Caroline, as long as she needed this and could do her part, and it began to be more and more real to her that what happened to her baby from now on was going to depend on her, the baby's mother. How could she really be a mother to Caroline? She had never had a chance to, she said, only being allowed to see her for ten minutes in the nursery every other week. She wouldn't have much more chance with the baby in a foster home.

Throughout a discussion of the foster mother's responsibility to the agency, of her own relation to the worker who would place Caroline, of regular visits to the foster home and Caroline's coming to know her as mother and as the one planning for her, Mrs. Roberts seemed to be fearfully trying to find out whether she would measure up to this. Caroline doesn't know her at all now, she said sadly, and she knows nothing of her own child. Not even whether she's toilet trained. What if she isn't? Will the foster mother still be willing to keep her? It was hard for her to believe even that Caroline might be free to wet herself without being punished. She found the whole idea wonderful, frightening, and a little hard to take in.

Discussion of finances provided something tangible to think about and to do. She could pay board from her current salary, and would ask the Farm for permission to take enough from her savings for Caroline's first clothes. She offered to write the parole officer about this, and also to ask them to send us Caroline's medical history.

It seems a very simple thing, this discussion of next steps, yet here is a woman feeling her way toward parenthood, out of a situation in which she has virtually no freedom, in which every move she makes counts either for or against her discharge from parole, in which the same authorities to whom she is accountable are also in possession, as it were, of her child whom she doesn't know. Will she ever really have her

EDITORIAL COMMENTS

A Child's Most Precious Gift

THE gift most precious to a child cannot be slipped into his stocking or placed under a tree on Christmas Eve. Unlike other gifts hard knocks will not break it, they will only make it stronger. This gift in its richest form need not be described or even stressed, for the feeling of it gives living a warmth which generates confidence and power. It has a miraculous quality that even the poorest parent can bestow upon his child. The gift is love.

All who live with children should give this heed. We who serve children have as one of our greatest responsibilities the identification of love and its cultivation wherever a child may be. Such a quest is essential if the welfare of children is to be safeguarded and if misery for many is to be avoided. We cannot afford to overlook the importance of love.

Men and women engaged in the care of children away from their own families, either in foster homes or in institutions, can point to a dismal array of disappointments and unhappy attitudes in the lives of children who have been deprived of love. Too often we have seen Christmas and other days of the year pass with many a child oppressed by the fact that his parent does not love him. Fear and suspicion creep into the life of such a child. He is inclined to withdraw into a melancholic and morbid state of mind or burst into hostile attacks against others, including the one he believes has deprived him his birthright.

The achievement is great indeed, when through patient counsel and understanding treatment, a neglectful, immature or disturbed parent is helped to accept his child and to develop that love so essential to a full life for them both. To spare a child unnecessary removal to the home of relatives, to a foster home or an institution, is one of the most valuable of the services which social workers, psychiatrists and others who serve children and families, are able to give. To accomplish this result it is essential to arrive, with the parent, at a decision whether it is practical to continue living with his child. Sad as the separation of child and parent may be, to the child whose parent proves incapable of loving him, it is a boon to be afforded a different environment where relatives, foster parents or house parents in an institution, really want and welcome him.

With thousands of rejected children, and the other thousands deprived of parents by death or illness,

the experience of being transplanted from their own homes to the homes of those who are to care for them, is always difficult to live through. Whether a baby, an eight-year-old or a 'teen-ager, he will be just as sensitive as any plant which must be moved from one garden to another. Even the infant can become tense and fretful due to the confusion and deprivations suffered. And the older child may come to resent anyone who tries to stand in the place of his parents. These and other complications inherent in the transplanting of children are understood by the homefinder who seeks for the child a foster parent who will not be too demanding and who can be expected to nourish him emotionally as well as physically. This substitute parent should have enough patience and forbearance to allow the child a period—and for some it will be a long period—in which to decide whether to accept the affection and confidence offered him. More important than the new school the child is to attend or the food he is to eat, is the capacity of the foster parent or house parent to open more than the front door when receiving a child for care.

Be it the parents, themselves, or someone in place of the parents, they need emotional maturity. That this can be developed to some extent through skilled service, we all know, and as it does develop, the impulses of the less mature adults in the child's life are increasingly easy to deal with. Love, seasoned with understanding, helps to avoid the demanding attitudes common to immaturity which can make life so hard for many children whether at home or in foster care. With this balance comes the ability to share the child's love with others and to encourage him as he naturally comes to bestow his confidence and affection on others.

Love is not a mere absence of strife. It is a powerful force which can dissolve fear, suspicion and conflict. In the face of threats to economic security, health, or life itself, there need be no demoralization, however great and inescapable the distress, if only one loves and is loved. It is the best assurance of that inner composure we all seek. It is the best assurance of that peace between man and between nations which our world now craves. Happily it is contagious. It is easily spread and as children are imbued with love, they may solve problems which their parents and grandparents have failed to solve.

No greater gift is possible and none more in the spirit of Christmas than to bestow love on children and to teach them to love others.

HOWARD W. HOPKIRK

WHY DAY CARE*

Doris Campbell Phillips

Assistant Professor
Division of Social Service
Indiana University
Indianapolis, Indiana

*What are the potentialities of this child care resource?
What steps are necessary to bring it to its full usefulness?*

PRELIMINARY to examination of potentialities in program development and research, consideration should be given to two outstanding characteristics of day care centers. First, day care center philosophy and practice recognize that the child's group experience is an important segment of his total daily living. The significance of his life with his parents and siblings is understood and presents a challenge to program adjustment and development.

The second outstanding characteristic of day care centers is that they serve families who are caught in the process of social and economic change which is altering the pattern of family life. Families now using day care reflect social characteristics of the times. Many families are separated by divorce, illness, or death and the remaining parent, usually the mother, cares for the child without assistance from relatives. An increasing number of women who have enjoyed the benefits of employment or the satisfactions of a career are not emotionally receptive to becoming housewives and thereby relinquishing an important source of gratification. Many professional and white collar families are caught in the dilemma of cultivated tastes frustrated by inadequate income and the wife must work if the family is to solve its dilemma. Following the recent war, thousands of young fathers seized the opportunity to attend college and their wives worked to supplement limited income. The nation-wide housing shortage forced some young parents to adapt their family living to extremely unfavorable circumstances. These contemporary families are not the individual originators of social change. They are a part of large movements and of social evolution. Day care centers emphasize the philosophy that their services supplement the family. Their special function should be not only conservation of traditional values of family living but also encouragement of new values. Such a concept of function would give new direction to program development and research.

Potentialities for Program Development

Significant progress in program development will result from emphasis upon service which requires participation by staff members of various professional

* From a paper presented at League's program, National Conference of Social Work, June, 1949. A further section will follow.

orientations. This diversified approach provides opportunities, available to all staff members, for daily observation of children, frequent contacts with parents, and close acquaintance with parent-child relationships. Shared findings will reveal important implications for program planning. Two questions are posed: first, how can day care center programs be adjusted to help with problems of parent-child relationships brought into focus by the child's nursery attendance? And second, how can day care center programs utilize knowledge about family living in general to reorient some phases of program making?

Day care staff members frequently have their attention drawn to individual problems of children that arise from parent-child relationships. These problems are not necessarily the result of disturbed relationships although frequently they are. For example:

One mother became extremely upset when she learned that her little girl was to accompany her group on a trip to the store. For a long time the mother had planned to make an occasion of Susie's first visit to the store. She was waiting until Susie was the same age she had been on her initial trip to a store with her mother. Her first shopping had been a great adventure and was now a treasured memory. If Susie went with the group the mother's desires would be frustrated; if she did not go Susie would feel deprived.

Another mother was fearful that her son, Jimmy, would get rained on, or break away from the group and be run over, or be endangered in some other way.

This was a mother who could hardly tolerate her child's growing independence. His readiness to be separated from her during the day, and his trust in the teacher, brought into focus severe problems in her relationship with him. Allowing him to take a symbolic step toward independence was not only anxiety provoking but also precipitated expression of hostile feelings toward him.

The problems involved in such situations suggest the need for further evaluation of various aspects of the program and for development of increased flexibility and individualization. New approaches to interpretation of the group program to parents should be based upon improved understanding of its significance to them. Timing of the participation of individual children in certain parts of the group program could be determined by their readiness for the experience and their parents' receptivity. These program adjustments can be effected through the shared efforts of all staff members. Teachers, case-workers, and psychiatrists should participate al-

though the fundamental responsibility for the group program should remain with teachers.

The group program should be re-oriented in accordance with psychodynamic concepts, and changing aspects of family living. In spontaneous dramatic play in nursery groups, little children enact the roles of helpless little babies, cranky, impatient teachers, and mothers and daddies who are brusque with their children. Less frequently do they play at being bad little boys or girls, jealous of the baby, frustrated by teachers and parents, afraid of new experiences. Yet children are universally fearful, at times at being bad, at being jealous or frustrated. In their play, they create adults who are the somewhat revengeful guardians of their behavior. Could children be helped to "play themselves" and thus learn in the group to accept and cope with anxiety provoking emotions? Some stimulation by the teacher would be necessary since many children feel that adults will not approve of even make-believe jealousy or anger.

It has long been known that young children who are deprived of a father in the home would benefit from a relationship with a man nursery school teacher. Because men have not entered this profession for reasons not difficult to recognize, many nursery staffs have relinquished the hope of meeting this need. This problem should be given due consideration in the development of the day care program. High schools and colleges offering family and marriage courses might co-operate in recruiting volunteers to serve day nurseries to the mutual benefit of the student and the center.

Various parts of the group program should be examined to see whether they have been adapted to the needs of all children.

One quiet, pleasant little boy, unobtrusively but definitely, withdrew from the group whenever stories were told. When the teacher asked him privately if he did not like stories, he replied tearfully—"They all have daddies—even the little kittens. I have a dead daddy. He's only a picture."

Would it not be well for some stories to tell about "dead daddies," divorced mothers and fathers, mothers who work, and crowded homes? Stories that describe how little children or animals feel when a new baby is born, or when they are afraid, or when they feel ambivalent toward their parents, would be helpful to many children.

Nursery school teachers in day care centers have already met the problems involved in adapting methods and content to full day programs. Some progress has been made although these problems continue to present difficulties. Emphasis upon the center as an adjunct to the child's own home should guide center staff members in planning the long day

program, which should be available to selected children and parents on an individualized basis. Methods of handling problems on the basis of characteristic developmental levels, should be re-examined in the light of more intimate observation of the child's parallel experience in the home.

In many day care centers casework services are a future possibility rather than an actual part of the program. However, casework services of varying degrees of professional adequacy have been offered by some day nurseries for a number of years. As in some of the other children's services the social worker was at first seen chiefly as an investigator; she was expected to determine whether the family needed the service and was "worthy." During the late 1920's and early 1930's, the practice of "borrowing" a caseworker for intake service from family agencies grew up and again the worker was used mainly to determine who would be admitted. More recently, emphasis has been placed upon the desirability of the caseworker's being a member of the day care center staff. Casework services have in many centers been defined as:

enabling parents and children to use the services of the center, and making appropriate referrals to other community agencies for needed services not directly related to the child's group care or the parent's use of the center.

These functions should be retained in the future. More recently there has been increased recognition of the nursery setting as appropriate for ongoing casework with clients whose needs for counseling arise out of the same problems that caused them to seek day care. For instance many families using day care are in some phase of separation or divorce. Children under five are especially vulnerable to the dangers imposed by absence of the mother or father, or by disturbance in marital relationships. Skilled caseworkers on day care staffs can help parents and children with the problems inherent in such situations not only through individual counseling when desired but also in consultation and program planning with other staff members.

The day care center is a natural and appropriate setting for group counseling with parents. This activity should not take the place of parents' group meetings for educational or social purposes. Individual counseling of parents may precede or accompany group counseling in many instances. Each center serves parents who are concerned about certain types of behavior or symptoms, or about their own reactions to their children. A skilled caseworker aware of the significance of the parents' expressed concern may, in the group process, help parents help each other, and gain insight from the leader, and from within themselves, to develop into better parents.

Potentialities for Research in Day Care Centers

Day care centers have been so concerned with development of services—and sometimes with survival—that research has been almost completely neglected except as program making is in itself, a process of study and discovery. Day care centers offer an ideal setting for research in child development. Nursery educators, caseworkers, psychologists, pediatricians and psychiatrists, will find opportunities for fruitful participation. The children come from a wide range of economic and social backgrounds, so that findings will be representative of a broader group than has been true in many research projects in child development.

Two aspects of parent-child relationships may be further illuminated by future research. One of these has to do with readiness for separation which might be described as mutual relinquishment of parents and children. The other is the child's identification process. For many young children, admission to the day care center is their first separation experience. There is a need for clearer understanding of the significance of this experience. Can methods be developed for measuring more promptly a child's readiness for relinquishment? The correlation between the presence of younger children in the home and a child's probable degree of readiness, and the effect on the child's feelings about separation, of maternal overprotection or rejection need to be studied. Much more should be known about the emotional significance of relinquishment to the child at different age levels and under various circumstances before encouragement is given to widespread development of a full day care centers, and the safeguards which a parent counselor in every center could provide.

For many years, nursery staff members have been concerned about the large number of children attending centers whose homes are broken and who go through the Oedipal phase of childhood lacking a relationship with a father. It is obvious that this will be the life situation of an increasing number of children. The child of nursery age who is a member of a separated family, has undergone loss of one parent during the period when his ego and the development of his pattern of behavior must be actively motivated and supported by identification with both parents. How does the child of a broken home succeed in making adequate identifications? In what ways are identifications disturbed by the situations resulting from divorce in which the child has contact with both parents but lives with only one and in those situations in which divorced parents remarry? Although research addressed to these questions would be of general interest, its specific purpose as related to day

care would lie in its implications for the group program and counseling.

Day care centers offer a unique opportunity for the development of therapeutic methods with the child in a "living environment." Research in the utilization of the nursery group for therapy should be initiated by centers which are associated with child guidance agencies or centers which have adequate psychiatric consultative services available. Experimentations should be done with new alignments of professional services. Psychiatrists, caseworkers, and teachers have their roles to play in therapy and as a unified team they should be able to discover effective methods of treatment. This research should not be limited by the concept that only maladjusted children need therapy. Emotionally well children sometimes need help with problems imposed by temporary environmental stresses or personal handicaps. For example, a well-adjusted child may face serious problems if his father is suddenly sent to a sanitarium and his mother begins working. Research in therapeutic aspects of play materials may produce forms that can be utilized in the group program. The help derived from these materials should be continuously available.

A unified program representing "a partnership of three professions"* is a prerequisite to development of program and research as described in this paper.

* Daytime Care: A Partnership of Three Professions. Findings of Tri-Profession Conference on Day Care, March, 1946. 31 pp. Child Welfare League of America.

NEWS FROM THE FIELD

Virginia P. Robinson Award for 1950

IN honor of the 25th Anniversary of Dr. Robinson's association with the University of Pennsylvania School of Social Work, the Alumni Association is sponsoring an Award for contributions to social work literature. A sum of money contributed by alumni of the school, by other professional social workers, and by friends of Dr. Robinson will be used for this purpose.

The Award Committee is now ready to proceed with plans for offering the Award during the year of 1950. A sum of \$500.00 will be awarded for a paper, thesis, or book which represents an original contribution in the fields of social casework, supervision or teaching. The Award will be made in the fall of 1950. Unpublished material may be submitted to the Committee by agencies, schools or individuals prior to July, 1950.

Persons desiring further information regarding the Award should communicate with the Virginia P. Robinson Award Committee, University of Pennsylvania School of Social Work, 2410 Pine Street, Philadelphia 3, Pa.

INTAKE PRACTICES—THE CORE OF THE AGENCY'S SERVICE IN HELPING CHILDREN AND THEIR PARENTS

(Continued from page 9)

At this point we made our second exception, and decided to give Mrs. Roberts the opportunity of going with the worker when she took Caroline to the foster home.

The trip down from the Farm had apparently been uneventful; Caroline, Mrs. Roberts said, had been interested in the people on the train. Mrs. Roberts herself was glad they had planned proper clothing; on this February day she had found Caroline dressed in a thin silk coat, ready to go.

The stay in the foster home proved to be very difficult. The baby, her face devoid of expression, sat perfectly still, making little animal cries of distress. Her mother's face showed almost unbearable love and concern, yet she was afraid to go toward Caroline or try in any way to comfort her. The foster mother, who knew only that Caroline had had to be in a nursery all her life, spoke comfortably of Mrs. Roberts' future visits, when things would be better. Somehow Caroline quieted down, and the visit was over. Driving back to town, Mrs. Roberts became a little hysterical as she tried to express her relief at having finally accomplished this move. The worker, sensing also her pain and fear, reminded her of the date of her first visit to the foster home and, later the same day, to the agency to discuss how things seemed to be going.

Mrs. Roberts went with Caroline to the foster home in February of this year. I cannot leave her there without letting you know that during the months since then, mother and child have gradually and shyly drawn closer together. Caroline knows her mother now, and Mrs. Roberts is busy making plans for the home she wants to have as soon as she is free this fall. She has talked a good deal to the worker about her own childhood and the experiences that culminated in her commitment to the State Farm, and she knows that she wants to be a real mother to this daughter, and not the kind her own mother was.

In this very condensed presentation of an intake process, I have made no attempt to show the case-work method employed, nor, I fear, has it been possible to convey any of the quality of Mrs. Roberts' feeling as she moved toward her objective of making provision for her child. In many ways the situation is atypical, for although Mrs. Roberts applied of her own accord for foster care, her freedom in using it was severely restricted by the fact that she was already under close supervision by an authoritative agency. Yet within these restrictions her way of using our agency's help had in it a simplicity and a genuineness which has made it possible to describe what happened without too much risk of oversimplification for the sake of brevity.

Summary and Conclusions

To return to the title of this paper, I believe that intake becomes the core of our service when it enables a parent to choose a kind of care for his child; a kind of care which *he will then provide with our help*. There are many variations in the circumstances and the reasons which bring parents to ask for foster care for their children. Sometimes, indeed, the matter is already out of their hands, as when their children have been taken from them because of neglect. Sometimes, as in the case of Caroline and Mrs. Roberts, separation has already taken place long since and damage has already been done to the child. Sometimes our first task is to put a roof over a child's head before night, and there is little or no time in which to make sure where his parents stand in relation to the move until after it has been accomplished. Sometimes it seems impossible to believe of a parent that beneath the fear and hostility, the defensiveness and anxiety, there remains a spark of willingness to give his child anything. And sometimes, but far more rarely than we think, there actually is no such willingness, and our task is then to help the child live with that reality.

But whatever the situation and whoever the people involved in it, the central truth remains the same: the best and most effective help to children lies in enabling their parents to help them to the extent that they can. As long as we remain deeply aware of this truth, our intake practices will take shape to put it into action as inevitably as a plant growing from a seed. And they will be living and creating processes, through which we do our part in preserving and strengthening that unique and essential tie upon which so much of life depends: the relationship between a child and his parents.

New Members

The Children's Home Society of North Carolina, Inc.
P. O. Box 2229, 111 Price Street
Greensboro, North Carolina
Miss Harriet L. Tynes, Executive Director

New Provisionals

Alexander Home
1252 East Boulevard
Charlotte 3, North Carolina
Miss Blanche H. White, Director

Bureau of Child Welfare Services
Department of Public Assistance
Box 1189
Boise, Idaho
Miss Kathleen Wilson, Director

LEAGUE CONFERENCE PLANS

National Conference

Mr. Gunnar Dybwad, Supervisor Children's Division, Michigan State Department of Social Welfare, Lansing, Michigan, and Chairman of the League's program at the National Conference of Social Work to be held in Atlantic City April 23 to 29, 1950, announces that the Program Committee at present is working through two subcommittees. One is composed of people in four midwestern states and meeting with him; another is composed of the program committee members in the East, meeting with Miss Ora Pendleton, Director, the County Agency Department, Children's Aid Society of Pennsylvania, Philadelphia, the Co-Chairman of the Program Committee.

The committee is planning another session on research and is looking for two good research projects in the field of child welfare. A meeting is being planned to discuss reports on the structure and methodology of two such proposed or already initiated research projects to be followed by a critical analysis by a research psychologist and a research person from the field of child development.

The aim is not to find a completed child welfare research project but merely a project which is clearly outlined, though it be in its initial stage or still in the planning state only. The emphasis is to be not in the facts revealed by the project but rather in methodology.

In line with the reorganization of the schedule for the entire National Conference of Social Work, the League meetings will be held all day Tuesday and all day Thursday, April 25 and 27, 1950.

Regional Conferences

The Eastern Regional Conference will be held in New York City February 27 and 28, 1950, at the Roosevelt Hotel. The Chairman, Miss Margaret Barbee, Executive Director, Sheltering Arms Children's Service, New York City, announces that plans are under way for fifteen institutes on technical problems in children's services, and for a number of general sessions devoted to matters of particular interest to board members and administrators. In addition, a dinner meeting is to be held at which Dean Kenneth Johnson of the New York School of Social Work will be a guest speaker. Leonard Mayo, the League's President, will address the Tuesday luncheon meeting.

The Southern Regional Conference will be held in Shreveport, Louisiana, and is scheduled for March 6,

7 and 8, 1950. Miss Inez M. Baker, Supervisor of the Children's Division, New Orleans Department of Public Welfare, is chairman.

The Central Regional Conference (formerly called the Ohio Valley Regional Conference) will be held in Toledo, Ohio, March 16, 17 and 18, 1950. Headquarters are at the Commodore Perry Hotel. Mr. Wendell F. Johnson, Director, The Child and Family Agency of Toledo, is chairman.

The Midwest Regional Conference is scheduled to be held in Minneapolis June 5, 6 and 7, 1950. Headquarters will be the Nicollet Hotel. The chairman is Mr. Clark W. Blackburn, Executive Secretary, Family and Children's Service, Minneapolis.

Mr. Robert M. Mulford, General Secretary, Massachusetts S.P.C.C., Boston, has been selected as the chairman of the New England Regional Conference. The place and dates will be announced later.

THE 1950 CASE RECORD EXHIBIT

THE National Committee of the Case Record Exhibit met in New York on September 22nd and 23rd. The enthusiasm and interest expressed throughout the country impressed the representatives from Tennessee, Louisiana, Colorado, Maryland, Pennsylvania, Connecticut and New York State with the value of continuing the League's part of the program. Without such interest such outstanding exhibits as have been produced would not have been possible.

Considerable thought was given to the selection of fifteen records for the Permanent Library. The discussion was lively and of value not only in selecting what was considered the most outstanding records for 1949, but also for clarifying the basis on which to develop criteria for selection of records for 1950.

In winding up its work the 1949 Committee came to the conclusion that agencies welcomed the written evaluations of records submitted for consideration. We agreed that all member agencies, including those which had been unable to participate, should receive in writing reports of regional committee activities.

Plans for the 1950 exhibit are now under way. This exhibit will mark the tenth anniversary of the launching of the first case record exhibit by the Child Welfare League of America. The field of child welfare may well be proud of the progress made in casework services for children as illustrated in the developing quality of the records submitted for the exhibits. In stating the criteria for 1950, an added emphasis was placed with respect to protective services; that is, "In protective services it should be clear from the beginning that the agency has responsibility to initiate services in behalf of children on the basis of

complaint of neglect; that the parent is clear about this authority and is clear about the nature of the complaint; and that the service continues to help the parent to what needs to be done in regard to the conditions of neglect as stated in the complaint."

Records are needed which show: work with parents in intake, during the period of service and at the time of discharge; boarding foster home studies; supervision in foster homes; work with parents and children in own homes; day care; and protective services.

We want to stress the need for a clear statement of the function of the agency, a careful identification of agency location, a clearly stated title, and a clear statement of what the record is illustrating.

Wide participation in selection of records within each agency is urged. It has been suggested that a standing agency committee with rotating staff membership will make for year round participation. Such a committee has been found to be of value not only in the selection of records but in creating continued incentive in developing skills and raising standards of service. These two ends are the very purpose of the Case Record Exhibit. In fact the goal of the Child Welfare League of America is to assist all of us in the field in doing a better job.

The National Committee wants to assure all member agencies that help is available with any problems attendant upon the selection of case records. We are looking forward with eagerness and anticipation to the 1950 Exhibit.

The regional chairmen are listed below:

Area

1. ALABAMA, FLORIDA, GEORGIA, LOUISIANA
Mrs. Merle Dore
Department of Public Welfare
Baton Rouge, Louisiana
and
Mr. Alan Keith-Lucas
Supervisor of Children's Services
Department of Public Welfare
Baton Rouge, Louisiana
2. MARYLAND, WASHINGTON, D. C., VIRGINIA
Miss Eleanor Welborn
Family and Children's Society
204 W. Lanvale Street
Baltimore 17, Maryland
3. MAINE, NEW HAMPSHIRE, VERMONT, MASSACHUSETTS,
RHODE ISLAND, CONNECTICUT
Miss Jean Sherwin
Connecticut Children's Aid Society
1680 Albany Avenue
Hartford, Conn.
4. ILLINOIS, MISSOURI, INDIANA, MICHIGAN
Miss Lela B. Carr
Division of Child Welfare
Department of Public Welfare
201 West Monroe Street
Springfield, Illinois

Area

5. COLORADO, KANSAS, NEBRASKA, NORTH DAKOTA, OKLAHOMA, TEXAS
Mrs. Isabelle Buck
Colorado Children's Aid Society, Inc.
314—14th Street
Denver 2, Colorado
6. GREATER NEW YORK, WESTCHESTER, NEW JERSEY
Mrs. Wilma Miller
The Spence-Chapin Adoption Service
304 East 33rd Street
New York 16, N. Y.
7. ALBANY, SYRACUSE, BUFFALO, ELMIRA, NIAGARA FALLS, ROCHESTER
Miss Flora Miller
Division of Child Welfare
Monroe County Department of Social Welfare
Rochester, New York
8. OHIO, KENTUCKY
Miss Miriam Wanne
Jewish Children's Bureau of Cleveland
1001 Huron Road
Cleveland 15, Ohio
9. DELAWARE, PENNSYLVANIA
Miss Jean Farquhar
Delaware County Children's Aid Society
13 South Avenue
Media, Pa.
10. NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE
Miss Ethalene Rowland
Child Welfare Division
State Department of Public Welfare
Chattanooga 2, Tennessee
11. CALIFORNIA, HAWAII, WASHINGTON, OREGON
To be announced
12. IOWA, MINNESOTA, WISCONSIN
Mrs. David L. Levine
Jewish Family and Children's Service
Room 228 Citizens Aid Building
Minneapolis, Minnesota

HARRIET D. ZIEGLER,

*Supervisor, Children's Center, New Haven, Connecticut.
National Chairman, 1950 Case Record Exhibit Committee*

READERS' FORUM

Dear Editor:

Your recent article on research in child welfare brings about this very brief article—called "Memorandum on Child Welfare Research, Rural Area"—in the hope that the cause of child welfare research might get a slight additional boost.

I wish the suggestion might be followed that your valuable journal find the space to allow reporting briefly on research in progress or completed. It is difficult at the moment to get any comprehensive idea of the research that goes on in this field. Agencies and schools should have a "clearing house" where studies could be made a matter of printed record, perhaps with a 100-word abstract or précis of area, method, and findings.

LOUIS TOWLEY,

The George Warren Brown School of Social Work

READERS' FORUM—Continued

Memorandum on Child Welfare Research, Rural Area

THE article on the need for research in child welfare in a recent issue of *CHILD WELFARE** should be incentive and even spur toward a more validated basis for our task, both as to direction and methods. The stimulus should be welcomed by every social worker who finds no comfort in routine and who wants change to be guided by something other than the dogma of intuition.

Would it help bring research in the front door if schools and agencies reported briefly in your pages on their work in progress (or completed) touching on child welfare? For example:

A group project only just begun at this School (The George Warren Brown School of Social Work, Washington University) is under way with the substantial co-operation of the Illinois Department of Public Welfare. Its project purpose is to identify and describe the social welfare organization component of the rural child welfare worker's job, giving in some detail the process involved. Within this purpose, and a framework of fairly common definitions and hypotheses, individual theses will be written with the considerable leeway demanded by differences in setting.

The students committed to the project are at present drawn from scholarship staff from the Illinois Department of Public Welfare whose program of training child welfare workers is based on long-time planning and a careful selection of potentially superior professional people. These particular students have had their basic first year of graduate social work and are now at work for an interim year, which will be followed, we hope, by the second graduate year and the professional degree of Master of Social Work. The data for each thesis are being gathered during this year of work and accumulated in various forms, the most important being a day-book or journal. Group conferences with a faculty project committee will be held at least once during the year. Detailed analysis and writing will be undertaken when the student is again in residence.

The project arose out of a conviction shared by some faculty and the students that the organization of a community to meet its needs was an important component of the child welfare worker's job, and that the rural scene would highlight the factor. To identify and analyze the component was believed worth the effort and potentially useful. Out of this common ground came joint planning of the project by faculty and students.

* *The Challenge to Research*, by Gunnar Dybwad, October, 1949.

The close tie-in of school and field, the academic and the job, the research and the daily task, is admittedly experimental and it puts a burden on the student by demanding a dual role—to do and to analyze the doing—that might be too great. But since the essence of research is experimentation, the difficulty is happily undertaken with crossed fingers.

This note does not mention or describe other student research in areas touching child welfare—interaction between agencies on concurrent cases, job analysis studies, and various individual theses completed or in process at the school—but only seeks to identify an effort to define a part of the child welfare worker's job that is frequently a bother to the worker and at worst is ignored. Underlying the whole project is a belief that social welfare organization is being done and that it will be better done by everyone concerned, even by the caseworker, if it is consciously done out of due regard to the elements and skills involved.

N. B. How do our readers feel about this suggestion? It interests us very much. Your comments and suggestions will serve as a guide to your Publications Advisory Committee.

E.D.

BOOK NOTES

FORTY-FIVE IN THE FAMILY: A Story of a Home for Children; Eva Burmeister, 247 pp., 1949. Columbia Univ. Press, N. Y., \$3.25.

This book is what the institutional field has needed for the past several years. It will no doubt do an excellent public relations job and thus raise the social status of institutions in the minds of those who still feel hesitant about accepting group care as an integral and vital part of a total child care program. It should give a tremendous boost to those superintendents, boards and staffs who are tossed and pulled between hope and despair as they attempt "to struggle out of a drab old orphanage cocoon," as the author phrases it. It should reassure parents and the general public about "what goes on inside those orphanages." We trust it will also excite public interest and even indignation about poverty-stricken institutional programs which continue to exist out of good will but which have lost impetus for change.

Miss Burmeister has shown how an institution can provide a warm, rich, colorful experience for children even when the staff is confronted with an "old-fashioned house." She has given more than the "how" of creating a wholesome security-giving climate. She has interwoven the "whys" throughout the nineteen chapters so that the reader gradually absorbs sound basic concepts of child care. In this day of lectures in child development the reader will be delighted with this pleasant fireside manner of learning through a book which runs smoothly, like a story. Miss Bur-

meister's style is touching in its warmth, its humor, and its apt phrasing. Some may feel that the use of staff names and the personalized style might date the book but most will probably prefer to feel the glow from the Lakeside fireplace and to live through Aunt Molly's cold remedy and Miss Butchy's shampooing. All worries are dropped as the reader feels the author's conviction and implementation of her basic philosophy that the everyday living experience must be at the heart of treatment in the institution and that it is only in such settings that the children can be given the *maximum* benefit of help offered by psychiatry and social work. Miss Burmeister also emphasizes the child centered institution in which all the staff functions as a closely knit unit sharing together in its work of helping disturbed children. It is good to see the role of the housemother given its proper importance as the grass root pace-setter in providing security for the child in his basic living unit.

The book will help many superintendents clarify their thinking regarding the use of casework and the relationship of the caseworker to other members of the staff. The discussion of the interrelationship of staff might have been strengthened had the author illustrated, with a longer case history, the process as it takes place in the life of a child over an extended period through conferences, consultations, staff meetings, etc. Thus the reader would gain a more forceful view of the continuous study and planning which occurs in treatment from the time of the child's arrival until his discharge. This might have been done without breaking the homelike approach and without the impression that the child is over "programmed" and "caseworked" which the author mentions as hazardous. The real art of leading an institutional staff lies in just this balance of the human touch in everyday living relationships, and the way in which all specialized knowledge is brought together in an organized system of help for children.

The unique contribution which the professional group worker has to offer the staff is understanding the techniques and skills involved in the use of group medium and the interaction of the group members as a method of helping might have been given more attention. For several years a few institutions and hospitals have attempted to make a more scientific and systematic study of the application of group work principles in the twenty-four hour a day living situation. Group workers are being hired to help in this process. This brings us to the title of the book—*Forty-Five in the Family*. It is hoped that the use of the word *family* will not be taken to imply that the institution is trying to be a *real family* and thus deny the rich chance it has of utilizing its distinct con-

tribution of helping through the group medium. Any twenty-four hour day group experience also has many family aspects and the author has done an unusually sensitive job in illustrating these, both through the script as well as through her clever little drawings. The title of the book was chosen by the publisher and not by Miss Burmeister. Perhaps we, in the field of social work, should accept this compromise if it means that the book will have greater sales value and thus "spread the gospel."

While this book is about Lakeside Children's Center, Miss Burmeister has directed it to the total child care field. It therefore becomes required reading not only for staff but for board and community members who are interested in children. Surely this book will help many workers and students to get a more balanced idea of the constructive use of institutions in child placing. Only then will our foster home programs be spared the wear and tear which is now forced upon them when the institution is not used as a stepping stone to help hostile children rebuild their relationships with adults and thus become prepared for their return to family living. The way in which the institution functions in the community plan of social service cannot be overemphasized. Just how the institution assumes its share of emergency placements, temporary shelter, etc., without becoming a dumping ground is a delicate matter warranting continuous thought.

Many executives are already finding this book very helpful in staff development. It will be a valuable addition to bibliographies in schools of social work, education and psychology. It is hoped that the response to *Forty-Five in the Family* will stimulate the author to write again. Too few people have such gift for writing in such a practical, alive and interpretative manner.

CLAUDELINE LEWIS,

Assistant Professor of Child Welfare,
School of Applied Social Science, Western Reserve University

HANDBOOK ON VOLUNTEERS. Planned and written by the First Board Members' of the Federation of Protestant Welfare Agencies. Institute Workshop, 1948-1949.

The handbook, a concise, comprehensive 22-page manual designed as a practical guide and reference for executives, board members and staff of welfare and other community agencies, tells how to build an effective volunteer group, and how the volunteers function in an agency "family." Copies are available through the Federation, 122 East 22nd Street, New York 10, at 25 cents each.

A LAWYER'S INTEREST IN ADOPTION PROBLEMS OF THE COMMUNITY, by Bruce B. Krost. Reprinted from *The Journal* of the Cleveland Bar Association, March, 1949.

Available through Child Welfare League of America. Price 10 cents.

PRESENTING A NEW SERVICE

In an effort to help our agencies with the problem of securing professional staff, we are setting aside this space in **CHILD WELFARE** for listing agency vacancies.

We do not presume that this service will solve the problems of staff vacancies. Agencies and interested workers will necessarily carry the responsibility of following through.

Insertion of five lines of six words each is made at the minimum rate of \$2.50. For each additional line, or a fraction thereof, the charge is 50 cents. Closing date is the eighth of the month prior to the month of issue. A check should accompany the order.

ADOPTION WORKER: Master of Social Work, child placing experience, previous adoption experience preferred. Private children's agency, good personnel standards. Children's Bureau of Delaware, 1310 Delaware Avenue, Wilmington, Delaware.

DIRECTOR OF SMALL INSTITUTION in Evanston which is developing treatment program for disturbed children of school age. Illinois Children's Home and Aid Society, Chicago, Illinois.

CASEWORKER for progressive Protestant agency in Chicago suburb. Intake and supervision of older grade school girls in institution and foster homes. Apply Lake Bluff Orphanage, Lake Bluff, Illinois.

CASEWORKER II AND INTAKE WORKER Graduates accredited school and experience; multiple service agency; supervision; good personnel practices; opportunity advancement. \$2900-\$3400. Write Children's Service League, 717 S. Grand, E. Springfield, Illinois.

DISTRICT CHILD WELFARE CONSULTANTS for expanding rural program. Two years' professional education, five years' experience. Salary \$3360-\$3840. Write Child Welfare Director, Department of Public Assistance, Box 1189, Boise, Idaho.

CASEWORKERS man or woman for work with adolescents; also an adoption worker; professional training and experience required for both; in private, state-wide child placing agency with growing program. Iowa Children's Home Society, 209 Davidson Bldg., Des Moines, Iowa.

CASEWORKER with professional training, plus good supervised experience in foster home placement, to carry responsibility for foster home studies, and small case load in Children's Division. Salary up to \$3500. Child and Family Services, 187 Middle Street, Portland 3, Maine.

CASEWORKER fully trained for work in Adoption Department, Family and Children's Society, 204 West Lanvale Street, Baltimore 17, Maryland.

BOYS' COUNSELOR for teen agers in foster home placement. Salary range \$3540-\$4020. Training and experience required. Write Michigan Children's Institute, Ann Arbor, Michigan.

CASEWORKER: Private non-sectarian child placing and adoptive agency. Progressive personnel practices. Good supervision. Graduate accredited school. Experience desirable. Salary \$2600-\$3000. Urban-rural setting. Write Children's Friend Society, Worcester, Mass.

SUPERVISOR Public foster home placement service for children adoption and boarding care. Provisional civil service appointment. Salary range \$4020-\$4740. Training and experience required. Write Michigan Children's Institute, Ann Arbor, Michigan.

ASSISTANT SUPERVISOR, private agency. Graduate of accredited school with minimum of two years' experience in child placement. Salary dependent upon qualifications. Michigan Children's Aid Society, 4612 Woodward Avenue, Detroit, Michigan.

CASEWORKER graduate of school of social work. Casework major. Age 23-35, female. Private, non-sectarian, state-wide child-placing agency with high quality of supervision, psychiatric consultation, and one-day-a-week child guidance and pediatric clinics. Freudian orientation. Student training center. Statement of personnel policies and job classifications available. Limited case load and appropriate salary. Write Mrs. Jeanette H. Melton, N. H. Children's Aid Society, 170 Lowell Street, Manchester, New Hampshire.

CASEWORKER for Child Placement Service in multiple function children's agency. Experience in foster home care and adoption preferred. Salary range \$2950-\$4300, depending upon experience. Apply Jewish Child Care Association of Essex County, 15 Lincoln Park, Newark 2, N. J.

CASEWORKER: Graduate of recognized School of Social Work preferably with experience in multiple function agency. Services include family counseling, child placement, protective services. Beginning salary \$2400-\$2700, depending on qualifications. Family and Children's Society, 826 Chilton Avenue, Niagara Falls, N. Y.

WANTED Caseworker, M.S.S., experienced to work in Home Finding Department in voluntary, non-sectarian, multiple-service children's agency. Salary commensurate with qualifications. Write Children's Services, 1001 Huron Road, Cleveland 15, Ohio.

OREGON STATE PUBLIC WELFARE COMMISSION has openings for Child Welfare Workers, supervisors and consultants, in both urban and rural areas. Graduate training required. Classification and salary depend upon training and experience. Write State Civil Service Commission, 444 Center Street, Salem.

OPPORTUNITIES in adoption specialization, general child placement, and family casework. Casework openings in large reorganized multiple service agency; good supervision, student training program, psychiatric consultation. Reasonable case loads and good personnel practices. Beginning salary \$2700 and in accord with experience. Family and Children's Service, 410 Liberty Avenue, Pittsburgh, Pennsylvania.

SUPERVISOR. Opening for professionally trained and experienced supervisor for the Child Placing Department in an adoptive child placing and protective agency. Nelle Lane Gardner, Children's Friend and Service, 20 Olive Street, Providence, Rhode Island.

CASEWORK DIRECTOR in state-wide agency offering multiple services to 400 children, including institutional care, foster home and mother's aid. Degree in social work plus experience required. Social work staff of director and four caseworkers. Connie Maxwell Children's Home, Greenwood, S. C.

CASE SUPERVISOR wanted, salary \$4000 up. Children's Bureau, a Community Chest Agency, 4208 Swiss Avenue, Dallas 4, Texas. Staff of three Caseworkers and one Homefinder, plus Social Work students.

SUPERVISOR AND CASEWORKER. Experience in well-established children's agency essential. Challenging position in excellent recreation area. Children's Bureau, 400 West Hill Avenue, Knoxville 2, Tenn.

VERMONT CHILDREN'S AID SOCIETY has opening for caseworker, training required, experience preferred; beginning salary range \$2400 to \$3200; further information on request. Apply 174 Pearl St., Burlington, Vermont.

OPENING IN PRIVATE AGENCY for professionally trained caseworkers. Limited caseloads. Opportunity for professional development. Salary dependent on training and experience. Richmond Children's Aid Society, Allison Bldg., Richmond 19, Va.

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